



City of Rockville
Employee(s) of the Quarter
High Performance Award
For Excellent Customer Service
Nominee Form

NAME OF NOMINEE: _____

NAMES OF NOMINEES ON TEAM: _____

NOMINEE'S DEPARTMENT AND TITLE (S): _____

DATE (S) OF OUTSTANDING CUSTOMER SERVICE ACT:

DESCRIPTION OF OUTSTANDING CUSTOMER SERVICE ACT:

NOMINATED BY:

NAME _____

POSITION _____

TELEPHONE NUMBER _____

DATE _____

RETURN THE COMPLETED FORM TO THE MAIL DROP AT CITY HALL, ATTN:
CUSTOMER SERVICE ACTION TEAM#2

THE DEADLINE IS THE LAST BUSINESS DAY OF THE CURRENT QUARTER.
